

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H29134** (4)

1. Corporation Name

**AIKI ELECTRONICS, INC.**



Principal Place of Business

**171 NE FIRST STREET  
MIAMI FL 33132**

Mailing Address

**171 NE FIRST STREET  
MIAMI FL 33132**

3. Date Incorporated or Qualified  
**11/08/1984**

3a. Date of Last Report  
**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2475833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHIFFRIN, MICHAEL  
1 SE 3RD AVE.  
SUITE 1400  
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	
12.1	PD MUHTAR, ISAAC	<input type="checkbox"/> DELETE
12.2	171 NE 1ST ST.	
12.3	MIAMI FL	
12.4	ST	<input type="checkbox"/> DELETE
12.5	MUHTAR, JACK	
12.6	171 NE 1ST ST	
12.7	MIAMI FL	
12.8		<input type="checkbox"/> DELETE
12.9		
12.10		<input type="checkbox"/> DELETE
12.11		
12.12		<input type="checkbox"/> DELETE
12.13		
12.14		<input type="checkbox"/> DELETE
12.15		
12.16		<input type="checkbox"/> DELETE
12.17		
12.18		<input type="checkbox"/> DELETE
12.19		
12.20		<input type="checkbox"/> DELETE
12.21		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME
13.3	1.3 STREET ADDRESS
13.4	1.4 CITY - ST - ZIP
13.5	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	2.2 NAME
13.7	2.3 STREET ADDRESS
13.8	2.4 CITY - ST - ZIP
13.9	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	3.2 NAME
13.11	3.3 STREET ADDRESS
13.12	3.4 CITY - ST - ZIP
13.13	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	4.2 NAME
13.15	4.3 STREET ADDRESS
13.16	4.4 CITY - ST - ZIP
13.17	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	5.2 NAME
13.19	5.3 STREET ADDRESS
13.20	5.4 CITY - ST - ZIP
13.21	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	6.2 NAME
13.23	6.3 STREET ADDRESS
13.24	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21396**

Date

Daytime Phone #

CR2E034 (12/95)